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APPLICANTS

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** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

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Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input type="checkbox"/> No	Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and Acknowledged	/CHERYLL MILLER/ Examiner's Signature		Initials	IL	14	~49 22	~6 5	

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TITLE

Vertebral prosthesis

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